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FILED  
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U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

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10 M. OVERTON  
11 Plaintiff,  
12 vs.  
13 HIGH-HOSPITAL  
14 DR. PHAN  
15 DR. RUDAS Defendant.

CASE NO. CV-08-3161

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

16 I, MICHAEL OVERTON declare, under penalty of perjury that I am the  
17 plaintiff in the above entitled case and that the information I offer throughout this application  
18 is true and correct. I offer this application in support of my request to proceed without being  
19 required to prepay the full amount of fees, costs or give security. I state that because of my  
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes \_\_\_ No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the  
25 name and address of your employer:

26 Gross: X Net: X

27 Employer: IN CARCERATED

28

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 TRANSISTERS LOCAL-70 6-1-1981 \$12.785<sup>0</sup>  
 5 IMPRISONED  
 6

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source? NO.

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 NONE  
 22

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: DECEASED

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_ Amount of Mortgage: \$ \_\_\_

6. Do you own an automobile? Yes \_\_\_ No ☒

Make \_\_\_ Year \_\_\_ Model \_\_\_

Is it financed? Yes ☒ No \_\_\_ If so, Total due: \$ \_\_\_

Monthly Payment: \$ \_\_\_

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_

Present balance(s): \$ \_\_\_

Do you own any cash? Yes ☒ No ☒ Amount: \$ \_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No \_\_\_

8. What are your monthly expenses?

Rent: \$ NONE Utilities: NONE

Food: \$ NONE Clothing: NONE

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<del>_____</del>	<del>\$ _____</del>	<del>\$ _____</del>
<del>_____</del>	<del>\$ _____</del>	<del>\$ _____</del>
<del>_____</del>	<del>\$ _____</del>	<del>\$ _____</del>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No. IMPRISONED

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

SUPERIOR COURT - OVERTON VS HIGHLAND Hosp  
CASE NUMBER

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

7-3-08

DATE

Michael L. Overton C-47370

SIGNATURE OF APPLICANT

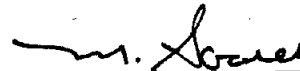
Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of OVERTON MICHAEL for the last six months  
[prisoner's name]  
CMF where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 26.67 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 26.67.

Dated: 7-16-08



[Authorized officer of the institution]

164

REPORT ID: TS3030 .701

REPORT DATE: 07/16/08

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIFORNIA MEDICAL FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 16, 2008 THRU JUL. 16, 2008

ACCOUNT NUMBER : C47370

BED/CELL NUMBER: MIN300000000318U

ACCOUNT NAME : OVERTON, MICHAEL LEWIS

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/16/2008		BEGINNING BALANCE					25.00
02/21	FC03	DRAW-FAC 3	2076/CMF#3			25.00	0.00
03/19	D300	CASH DEPOSIT	2325MR3102		100.00		100.00
03/20	FC03	DRAW-FAC 3	2328/CMF#3			100.00	0.00
04/11	D300	CASH DEPOSIT	2521MR3178		35.00		35.00
04/17	FC03	DRAW-FAC 3	2577/CMF#3			35.00	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
25.00	135.00	160.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE  
ATTEST: 7-16-08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY: M. X. [Signature]  
TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

0.00

Michael L. Overton C-4-11-77

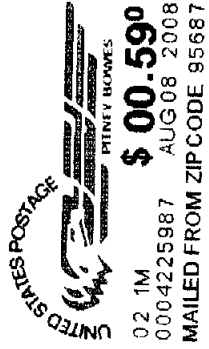
C.M.F.

P.O. Box-2000 \ N-3-318

YACAVILLE, CA. 95696-2000

CA MEDICAL FACILITY

FIRST CLASS



U.S. District Court.

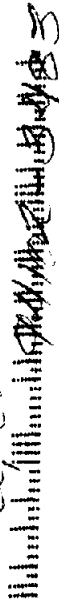
450 Golden Gate Ave

P.O. Box 360600

Legal Mail

SAN FRANCISCO, CA.

3410233661 0004



9-5-08 C.M.

RECEIVED  
U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA  
SAN FRANCISCO, CALIFORNIA  
SEP 11 2008

JP